

Title: What Happens to Mental Health Court Noncompleters?

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Abstract

Mental health court (MHC) research consistently finds that defendants who successfully complete and graduate from the court are less likely to recidivate than those who do not. However, research has not assessed what happens to these noncompleters once they are sent back to traditional court. Using follow-up data on six years of noncompleters from pre-adjudication MHC, we examine what happens to these defendants in traditional court. Findings suggest that 63.7% of defendants' charges were dismissed, 21.0% received probation, and 15.3% were sentenced to incarceration. We examine the time to disposition and differences in defendant characteristics and disposition outcome as well as the relationship between disposition and subsequent recidivism. Results suggest that more severe punishments in traditional court are associated with recidivism. Logistic regression analysis shows that defendants whose charges were dismissed in traditional court were less likely to recidivate than those who were sentenced to probation or incarceration. Our findings highlight the need for future MHC evaluations to consider traditional court outcomes and support trends towards post-adjudication courts.

Keywords

mental health court; pre-plea diversion; noncompletion; sentencing outcomes; recidivism

The disproportionate arrest and incarceration of persons with a serious mental illness (Abram, Teplin, & McClelland, 2003; Kubiak, Beeble, & Bybee, 2010; Steadman, Osher, Robbins, Case, & Samuels, 2009; Trestman, Ford, Zhang, & Wiesbrock, 2007) has led many jurisdictions to adopt local criminal justice diversionary programs. One such program, the mental health court (MHC), is a type of specialty court that attempts to divert defendants with serious mental illnesses out of the criminal justice system and into community-based treatments (Almquist & Dodd, 2009). From the first iteration of a MHC in Indiana in the 1980s (Steadman, Davidson, & Brown, 2001) to those modeled after drug courts in the 1990s (Boothroyd, Poythress, McGaha, & Petrila, 2003; Petrila, Poythress, McGaha, & Boothroyd, 2001), this criminal justice program has continued to proliferate with nearly 400 MHCs in the United States to date (Goodale, Callahan, & Steadman, 2013).

MHCs use extended judicial supervision in which defendants are required to appear in court on a regular basis for status review hearings. Although the model can vary between jurisdictions and over time, the MHC team generally includes a judge, prosecution and defense attorneys, probation and parole officers, and community treatment and service providers (Almquist & Dodd, 2009). This team determines defendants' ongoing engagement in the MHC, adherence to treatment, and compliance with other court mandates. Defendants who are compliant for a specified period of time successfully complete the court process and have a positive legal outcome. However, not everyone completes MHC; some defendants are noncompliant and terminated from the MHC process while others opt-out, though in both of these circumstances criminal charges are returned to traditional court for processing.

Since the first MHCs, observers have raised questions about the completion process, noting that many of the defendants who begin MHC are deemed noncompliant and sent back to traditional court (Wolff, 2002). Redlich and colleagues (2010) estimate that across four different MHCs approximately 30% of defendants did not complete the MHC (i.e., defendants who were terminated or opted out of MHC). While several studies find that defendants who go on to complete the court process are less likely to recidivate than those who do not complete (Burns, Hiday, & Ray, 2013; Dirks-Linhorst & Linhorst, 2012; Herinckx, Swart, Ama, Dolezal, & King, 2005; Hiday, Wales, & Ray, 2013; McNiel & Binder, 2007; Moore & Hiday, 2006; Steadman, Redlich, Callahan, Robbins, & Vesselinov, 2011), they focus exclusively on the MHC outcomes (completion vs. noncompletion) with no attention to the traditional court outcomes (e.g., jail sentence, dismissal of charges) of the noncompleters. In pre-plea MHC programs, if a defendant is terminated from or opts out of the MHC, he/she is sent back to traditional court for case disposition. Outcomes of these hearings are important to consider as they might also be related to subsequent involvement in the criminal justice system.

The present study focuses specifically on MHC noncompleters to determine what happened to these cases once they were sent back to traditional court. Using six years of MHC defendants from a well-established MHC, we examine what type of traditional court disposition noncompleters most commonly received, defendants' length of time in the criminal justice system as a result of having been involved in the MHC, differences in traditional court disposition by defendant, and whether these dispositions are associated with recidivism.

The Mental Health Court

MHCs are local innovations, developed to fit the needs of the particular jurisdiction; however, studies across courts suggest that there are some general similarities in the MHC process (Almquist & Dodd, 2009; Thompson, Reuland, & Souweine, 2003). For example, in MHCs: a separate docket is maintained; participation is voluntary so defendants decide whether to enroll in the court and can opt-out at any time; a non-adversarial team approach is used where criminal justice and treatment professionals work together to develop individualized treatment plans; and defendants attend regularly scheduled status hearings where adherence to treatment (or lack thereof) is assessed.

The MHC teams decide who is accepted onto the docket (Wolff, Fabrikant, & Belenko, 2011) and whether the defendant is in compliance at the status hearings. Courts can define compliance in different ways; however, it is generally viewed as following specific court orders (e.g., no drug or alcohol use) and adhering to treatment (e.g., attending treatment appointments, engaging with providers, taking medications). Because relapse is so prevalent within dually-diagnosed populations (Brunette, Drake, Woods, & Hartnett, 2001), MHC teams often allow for regression in treatment; if problems like relapse and medication nonadherence become persistent and chronic, MHC teams use various sanctions to encourage compliance (Griffin, Steadman, & Petrila, 2002; Redlich, Steadman, Monahan, Robbins, & Petrila, 2006). However, one of the key differences among MHCs—which is directly related to completion and noncompletion—is whether the court uses a post-adjudication or pre-adjudication approach (Almquist & Dodd, 2009; Redlich, Steadman, Monahan, Petrila, & Griffin, 2005; Redlich et al., 2006; Steadman, Redlich, Griffin, Petrila, & Monahan, 2005). In a post-adjudication MHC, defendants are

required to enter a guilty plea or be convicted prior to beginning the MHC process; in a pre-adjudication court they are not and instead the criminal charges are held in limbo pending the MHC outcome. In both approaches, if the defendant successfully completes the program, there is a positive legal outcome: in a post-adjudication court the sentence is reduced or the charges are expunged and in a pre-adjudication court charges are dismissed. If a defendant is terminated from the process in a post-adjudication MHC, the original sentence is served out; however, in a pre-adjudication MHC the criminal charges are sent back to traditional court for disposition.

Much of the empirical research has examined the key criminal justice outcome of the MHC—criminal recidivism—and recent meta-analyses of this research suggests that MHC participation has a moderate positive influence on recidivism (Sarteschi, Vaughn, & Kim, 2011). Over the course of these studies there has been increased consideration given to the role of program completion and defendants' rearrest risk period. Early evaluations looked at recidivism post MHC entry (i.e., an intent to treat approach), and did not include MHC completion as a predictor of recidivism (Boothroyd et al., 2003; Christy, Poythress, Boothroyd, Petrila, & Mehra, 2005; Cosden, Ellens, Schnell, Yamini-Diouf, & Wolfe, 2003; Trupin & Richards, 2003). However, studies revealed that rearrest during MHC does not automatically result in negative termination and that, in fact, many MHC teams add these additional charges to the docket for dismissal if the defendant successfully completes the program (Dirks-Linhorst, Kondrat, Linhorst, & Morani, 2013; Ray & Dollar, 2013; Redlich et al., 2010; Redlich et al., 2005; Redlich et al., 2006). Therefore, evaluations started to code for successful completion in predicting recidivism and have consistently found that these defendants were significantly less likely to be

rearrested during MHC supervision (Herinckx et al., 2005; Moore & Hiday, 2006; Steadman et al., 2011) and post MHC exit (Burns et al., 2013; Dirks-Linhorst & Linhorst, 2012; Hiday & Ray, 2010; Hiday, et al. 2013; McNiel & Binder, 2007). While some recent research has examined predictors of MHC completion relative to noncompletion (Dirks-Linhorst et al., 2013; Redlich et al., 2010; Ray & Dollar, 2013), none of these studies followed-up with the noncompleters to determine what happens to them in traditional criminal court and whether these disposition outcomes are associated with subsequent recidivism.

Study Overview

The MHC observed in this study is located in a midsized town in the southeastern United States and practices all of the essential elements noted above (Almquist & Dodd, 2009). It is a pre-adjudication MHC that accepts misdemeanor and felony cases. Defendants must have an Axis 1 disorder (e.g., schizophrenia, bipolar, anxiety, or depression); defendants with a “dual diagnosis” of mental illness and substance use are also eligible. During the first MHC hearing the defendant must sign an agreement consenting to court monitoring. There are no phases; instead defendants must attend monthly status hearings for 12 months and be consistently compliant for at least six consecutive months. If the defendant is noncompliant, the team may use sanctions, such as increased reporting to probation, community service, and jail time, though no formalized policy regarding the use of sanctions was in place at this court during the study period. If consistently noncompliant, the defendant is terminated from the program. Compliance, or lack thereof, is subjectively determined by the MHC team on a case by case basis. According to members of the MHC team, there are several reasons a

defendant is terminated from the program; not showing up to court, noncompliance with treatment mandates, a new arrest, and drug use are the most common. In addition to termination, the defendant can choose to opt out of the MHC at any time; whether the defendant is terminated from the program or chooses to opt out, a new court date is set in traditional court to dispose of the key-arrest charges that resulted in MHC supervision, as well as any additional charges. MHC participants in this jurisdiction were all referred to a single community mental health agency where intensive case management and individual therapy was provided to address mental illness symptoms and substance use, as needed.

Prior research has coded MHC noncompletion relative to completion but has not assessed traditional court outcomes post exit. This study examines what happens to MHC noncompleters once their charges are adjudicated in traditional court. We describe and explicate the traditional court disposition for the key-arrest; the time from MHC noncompletion to disposition; whether there are differences in defendant characteristics by disposition type; and finally, whether the traditional court disposition for MHC noncompleters is associated with subsequent involvement in the criminal justice system.

Data and Methods

Over a six year period (2004 – 2009) there were 163 defendants who were eligible, admitted, and started the MHC process but did not graduate. The average noncompletion rate across these six years was 45.6% (ranging from 52.4% to 41.0%), which is only slightly higher than the 41% average from studies reporting rates of MHC noncompletion (Dirks-Linhorst et al., 2013; Dirks-Linhorst & Linhorst, 2012; Frailing, 2010; Herinckx et al., 2005; Hiday & Ray, 2010; Hiday et al., 2013; McNiel & Binder, 2007; Moore & Hiday, 2006; Ray & Dollar, 2013; Steadman et al., 2011). Of these 163

defendants there were 6 defendants whom we were unable to locate subsequent data on leaving a final sample of 157 MHC noncompleters of which 6.4% ($n = 10$) were coded by court staff as opting-out while the remaining 93.6% were terminated from the MHC process. In both of these circumstances the defendants' criminal charges were sent back to traditional court for disposition.

At the end of each year the MHC administrator produces a document with the names, court docket numbers, entry and exit dates, and exit status of all the MHC defendants. From this document each of the docket numbers were searched in the state's criminal infraction system (the trial court files) to get information on the disposition for the case (i.e. guilty, dismissed, etc.) but also to obtain the defendants demographic information. From here we searched the state's offender database to obtain information on arrests and incarceration (i.e. entry date and exit date from jail or prison). Data regarding the defendant's demographic information (i.e., age, race, and gender), key-arrest characteristics (i.e., felony, misdemeanor, and type of crime), judicial disposition of the key-arrest (i.e., dismissal of charges, probation, jail/prison sentence), dates of jail entry and exit, and statewide arrests were coded for analysis. We operationalize recidivism as the presence of any new arrest in the three years following the date of the traditional court disposition or, for those defendants who were incarcerated, following release. In those instances where a defendant was rearrested during MHC, these additional criminal charges were added to the traditional court docket for adjudication along with initial charges that led to MHC participation. Informed consent was not necessary because the MHC and arrest records are public; however, linking MHC docket

data to these public records were approved by the university institutional review board (IRB) as well as the MHC team.

Our analysis begins with descriptive statistics on the traditional court dispositions and on the lengths of time defendants spent moving throughout the criminal justice system (time from arrest to MHC entry, MHC entry to exit, exit to traditional court disposition, and time spent in jail). Following this analysis, we conduct Chi-Square and ANOVA analyses to test for differences in demographic characteristics and criminal history by traditional court disposition. Finally, we use multivariate logistic regression to examine the relationship between traditional court disposition and recidivism while controlling for individual level covariates. All analyses were conducted using IBM's Statistical Package for the Social Sciences© (SPSS) 21.

Results

Table 1 displays the sample characteristics. The average age of the sample was 34.61 years old (standard deviation [SD] = 11.64); most of the defendants were male (72.0%). Given that there were only three race/ethnicity groups represented in this MHC (Black, White, and Hispanic) and that a small portion were Hispanic ($n = 5$) we created a dichotomous race/ethnicity variable where 45% of the sample is coded as White and 55% as Nonwhite. The average number of lifetime prior arrests was 6.15 (SD = 6.19); 27% ($n = 42$) of the noncompleters had one lifetime arrest. Property offenses made up 38% of the key-arrests followed by drug offenses (27%) and person offenses (25%). As noted above, this MHC accepts both felony and misdemeanor key-arrests; however, only 12% of the sample had a felony charge.

[Table 1 about here]

There were several types of dispositions listed in the court records, which we coded into three categories: dismissed, probation, and incarceration. As shown in Table 1, the majority of MHC noncompleters had their case dismissed once they were in traditional court (64%; $n = 100$). The description of these dispositions varied with 51 dismissed by the district attorney; 26 dismissed by the judge; 10 dismissed with deferred prosecution; and 13 were coded as “dismissed - process other”. The next most common disposition was probation; 21% ($n = 33$) of the noncompleters were sentenced to probation in traditional court following MHC exit.¹ The least likely disposition among noncompleters was incarceration: 15% ($n = 24$) were sentenced to jail after MHC and no individuals were sent to prison in this MHC.

In addition to capturing traditional court dispositions, we also coded dates from key arrest to MHC acceptance; MHC entry to MHC exit; and MHC exit to traditional court disposition. Table 1 shows the average number of days noncompleters spent in the criminal justice system as a result of the key-arrest. We found that the average length of time from key-arrest to beginning MHC was approximately four months ($M = 122.96$ days; Median = 88.0; $SD = 110.10$) with a median of 88 days. Time to MHC entry in this analysis is shorter than in findings reported by Redlich et al. (2012) (144 days) but higher than those reported by Hiday et al. (2013) (91 days). Noncompleters averaged six months ($M = 161.85$ days; Median = 126.0; $SD = 140.94$) under MHC supervision before termination.

¹ Data on the conditions of probation and court fines are not available.

By coding traditional court disposition dates we were also able to assess the time from MHC noncompletion to traditional court disposition. The amount of time ranged from one day (e.g., dismissed the day of the final hearing; $n = 16$) to 18 months (557 days); as shown in Table 1 the average time was three months ($M = 100.73$ days; $SD = 118.48$) with a median of 64 days. Unfortunately, data were not available on the frequency of court hearings so we are unable to discern whether defendants appeared in court multiple times between MHC exit and traditional court disposition. Finally, while relatively few of the noncompleters were sentenced to jail following MHC exit (15%; $n = 24$), those that were sentenced averaged four months in jail ($M = 121.33$ days; $SD = 94.12$), with a median of 77 days. The minimum length of jail time was 30 days and the maximum was slightly more than one year (373 days).

Traditional Court Disposition and Recidivism

We examined whether defendant demographics or criminal history variables were associated with traditional court disposition. Table 2 shows that defendants who were incarcerated following MHC (rather than having the case dismissed or sentenced to probation) tended to be younger, male, and Nonwhite, although the differences are not statistically significant.² There are significant differences in the number of prior arrests and disposition outcomes. The number of prior arrests was associated with the severity of the punishment in that those who were dismissed had the fewest number of priors ($M = 5.35$; Median = 3.0; $SD = 5.17$), followed by those who had probation ($M = 6.55$; Median = 3.0; $SD = 6.60$), and those who were incarcerated ($M = 8.92$; Median = 4.5; $SD = 8.60$) ($F(2, 154) = 3.39, p < .05$). We also included a measure of days in MHC to examine

² There were no differences in traditional court outcomes by opt-out status. There also were not any differences in age, race/ethnicity, sex, felony status, or number of prior arrests between those who opted-out and those who opted-in.

whether the length of supervision might be related to disposition outcome (i.e., credit for “time served”) though differences between the categories were not statistically significant.

[Table 2 about here]

While defendants with a felony were more likely to be incarcerated than those with a misdemeanor, most of these defendants’ charges were ultimately dismissed. This is likely because the felony charges for this population were of minimal severity, generally for fraudulent checks or possession of drugs. In addition, MHC participants who were rearrested during MHC participation were more likely to be incarcerated after exiting the MHC as outlined in Table 2 (30.3% vs. 11.3%; $\chi^2 = 7.39$, $p < 0.05$, Cramer’s $V = 2.17$). Finally, there were significant differences in the rates of recidivism following traditional court disposition; that is, those with more severe punishments had higher rates of recidivism. As shown in Table 2, 39.0% of those who had their case dismissed in traditional court recidivated; 57.6% of those sentenced to probation were rearrested; and 79.2% of those who were incarcerated were rearrested ($\chi^2 = 13.712$, $p < .001$, Cramer’s $V = 0.30$).

[Table 3 about here]

To further examine the effect of traditional court outcomes on recidivism we employed multivariate logistic regression. Model 1 in Table 3 includes variables

measuring sample demographics and criminal history. Consistent with the extant literature on MHC and recidivism, we found that younger defendants and those with a greater number of prior arrests are more likely to recidivate.

Next, we added a measure of whether or not defendants' charges were dismissed in traditional court (yes = 1, no = 0). Model 2 shows that net of the other variables in the model, there is a negative relationship between dismissal and recidivism. That is, those defendants whose charges were dismissed in traditional court were 69% less likely to recidivate than those who were sentenced to probation or incarcerated ($B = -1.16$; $SE = 0.38$; $p < .01$). In Model 3 we include a measure of incarceration (yes = 1, no = 0) which is positively associated with recidivism. Controlling for other variables in the model, defendants who were incarcerated following MHC noncompletion were 4.6 times more likely recidivate ($B = 1.52$; $SE = 0.57$; $p < .01$) than those who were sentenced to probation or whose charges were dismissed. That is to say, despite arrest histories, length of time in MHC, and charge type, people who were incarcerated following MHC participation were at a higher risk of recidivating. It is also worth noting that in the models traditional court disposition, age, and the number of prior arrests remains statistically significant and correlates in the same direction (Table 3).

Discussion

This study is the first to follow MHC noncompleters to determine what happens to their cases in traditional court. The average rate of completion for this MHC was 45.6% which is consistent with the extant literature reporting on MHC completion (see Dirks-Linhorst et al., 2013; Dirks-Linhorst & Linhorst, 2012; Frailing, 2010; Herinckx et al., 2005; Hiday & Ray, 2010; Hiday et al., 2013; McNiel & Binder, 2007; Moore &

Hiday, 2006; Ray & Dollar, 2013; Steadman et al., 2011). However, unlike the previous literature, we examined the noncompleters traditional court dispositions. In doing so we investigated the length of time that was spent moving throughout the criminal justice system, looked for differences in these disposition outcomes by defendant characteristics, and examined whether disposition outcomes are associated with recidivism.

Findings suggest that for most of the defendants, criminal charges were dismissed in traditional court. In looking at defendant characteristics across disposition outcomes we found that those with a greater number of prior arrests, as well as those arrested during MHC, were more likely to be sentenced to jail (see Case, Steadman, Dupuis, & Morris, 2009; Sarteschi et al., 2011). Moreover, controlling for sociodemographic characteristics, criminal history, and time in MHC shows that those who were incarcerated were more likely to recidivate while those whose charges were dismissed were less likely to recidivate.

In capturing data on traditional court dispositions and jail time, we were also able to look at the full length of time spent in the criminal justice system. The time from key-arrest to MHC entry was in the midrange of prior research (Hiday et al., 2013; Redlich, Liu, Steadman, Callahan, & Robbins, 2012; Steadman et al., 2005) and the time from MHC entry to noncompletion was also consistent with earlier studies (Herinckx et al., 2005; Hiday & Ray, 2010; Ray & Dollar, 2013; Redlich et al., 2010). Unlike prior research, we also reported on the time to traditional court disposition and days spent in jail following noncompletion and found that, on average, noncompleters spent slightly longer waiting to get into MHC and under court supervision than they did in jail.

The MHC in this study is pre-adjudication and accepts mostly misdemeanor offenders, many of whom had only one prior arrest. The finding that many of the noncompleters' charges are dismissed once in traditional criminal court raises some interesting questions about MHCs accepting low-risk offenders. That is, if charges are going to be dropped should they have been considered for the MHC docket? Would noncompleters' rate of recidivism been lower had they not opted into the MHC? Several scholars have commented that MHCs may be keeping people in the criminal justice system longer than they would be if they went the traditional route or simply using their resources as a pathway to services (Bazelon Center for Mental Health Law, 2003; Petrila et al., 2001). Given the limited resources of a MHC, only a small portion of persons with a mental illness can be diverted (Wolff, 2002). If it is the case that charges will ultimately be dismissed then perhaps MHCs should consider limiting eligibility to more serious offenders who are not eligible for other diversion programs. In light of this analysis, the use of post-adjudication models in MHC is also supported. In such models, defendants are fully aware of their options (e.g., serving three months in the county jail versus 12 months in the MHC) prior to making the decision to participate in the MHC and the outcomes if they are terminated or choose to opt-out of MHC.

Suggesting that defendants' charges are dismissed because they are low-level misdemeanor offenses is only one possible explanation of this study's findings. It is also possible that the judges in this jurisdiction consider the time spent in MHC favorably in sentencing or that defense attorneys are able to leverage this time in pleading their defendant's case. Although it is not clear based on our data, it could be that time in the MHC is viewed as "time served" where participants receive unofficial credit for

participating in the MHC. Further research is needed in order to explore how, if at all, MHC participation is factored into dismissal of charges when a person opts out or is terminated from MHC. Ideally future MHC research will assess the traditional court outcomes of noncompleters to shed light on whether the findings in this study are unique to this jurisdiction or consistent across other MHCs that use a pre-adjudication model and accept primarily low-level misdemeanor offenses.

This research was not designed to evaluate the MHC process, though it does address a growing population within the criminal justice system—who are also a large subgroup of MHC participants—that have received little attention in the academic literature: noncompleters. However, in considering the results of this study several limitations should be considered. First, only one MHC setting was examined and while the observed setting has all the essential elements of a MHC, there may be differences in the structure and process that differ from other settings. Second, data were not available on defendant's psychological and social characteristics (i.e., housing, employment, mental health diagnosis, substance abuse, and social supports) or on the treatments and services. Without treatment data we cannot discern whether the noncompleters were linked to treatment and services as a result of MHC, what the treatment and services were specifically, and if they maintained engagement post exit. It should be noted that all of the defendants in this sample started the MHC process, and we have no reason to believe that there were disparities or systematic patterns in who was linked into treatment. Moreover, to tease out the potential effect of a MHC treatment “dose” and the likelihood that linkage to treatment and services had begun we included a measure of time in MHC. Finally, this study did not have a control group of defendants with a mental illness, who

had similar criminal histories, who did not enter the MHC process but were sentenced in traditional court.

Despite these limitations this study contributes to the literature on MHCs in several ways. First, our findings suggest that subsequent MHC evaluations might consider traditional court outcomes as they may be related to subsequent recidivism. One potential explanation is that—as suggested in much of the criminological literature on deterrence and sanctions—the increased severity of punishment has little effect on deterring criminal behavior while the experience of incarceration actually increases criminal behavior (Nagin, 2012). In short, punishment seems to have a criminogenic effect. Another possible explanation is that there are collateral consequences of being involved in MHC for a period of time and then *not* being incarcerated. Prolonged involvement in MHC might increase the defendant's likelihood to acquire services that help to manage the symptoms of mental illness or improve their social conditions. Moreover, by not being incarcerated post MHC exit defendants avoid disruptions to their family life, community connections, treatment and employment which might help to support their success (see Rowe, Kloos, Chinman, Davidson & Boyle, 2001; Freudenberg, Daniels, Crum, Perkins, & Richie, 2005; Weisheit & Klofas, 1990). However, because we do not have treatment data we cannot speak to the potential benefits that this brings to MHC defendants' outcomes. Our findings, as well as the MHC literature on recidivism, are consistent with this literature. Prior research suggests that MHC completion—in which criminal charges are reduced or dismissed—is associated with decreased rates of recidivism (Burns et al., 2013; Dirks-Linhorst & Linhorst, 2012; Herinckx et al., 2005; Hiday et al., 2013; McNiel & Binder, 2007; Moore & Hiday, 2006;

Steadman et al., 2011), while the present study suggests that noncompleters who received a more severe punishment were more likely to recidivate.

Second, the study demonstrates how MHC evaluations might better assess the risk period for rearrest following court exit, especially in pre-adjudication courts. By collecting data on traditional court dispositions we were able to determine the time from MHC exit to traditional court outcome as well as the time from jail entry to jail exit. Without this additional information it would appear as though the noncompleters sentenced to jail went longer until rearrest, and in short term follow-up periods (6 months or 1 year) might still be incarcerated and incapable of recidivism.

Finally, our findings support the need to explore the necessity and effectiveness of pre-adjudication MHCs. While studies suggest that the second generation of MHCs is moving away from this model and toward post-adjudication (Bazelon Center for Mental Health Law, 2003; Redlich et al., 2005), many of these programs still exist. The present study of a pre-adjudication MHC reveals that for most noncompleters the criminal charges were dismissed in traditional court which raises questions as to whether MHC was the most efficient use of resources for this population (see Steadman et al., 2014). However, further empirical research is needed to assess if one MHC model or the other is more effective and if they are more or less effective for different populations of defendants.

Conclusion

Several studies have compared recidivism rates between completers and noncompleters (Burns et al., 2013; Dirks-Linhorst & Linhorst, 2012; Herinckx et al., 2005; Hiday et al., 2013; McNiel & Binder, 2007; Moore & Hiday, 2006; Steadman et

al., 2011) but none have examined whether traditional court outcomes of noncompleters is associated with recidivism. By examining these noncompleters we were able to show what traditional court disposition outcomes are most common and more accurately describe the duration of the criminal justice experience for MHC participants. Moreover, the findings suggest that traditional court disposition outcomes may be important in explaining recidivism following the MHC.

Further research is needed to determine whether there is a relationship between disposition and recidivism among MHC noncompleters. We also need to further examine the experiences of noncompleters including their relationship with MHC team members, perceptions of MHC policies and processes (i.e., whether the experience is coercive, supportive, therapeutic), and the extent of their treatment engagement during MHC participation. More broadly, researchers should examine whether extended judicial supervision is necessary for low-level or first time offenders with a mental illness. Criminal justice and legal professions should continue to develop a range of diversion programs across the criminal justice system that varies in intensity (Fisher, Silver, & Wolff, 2006; Petrila, 2005) and has a greater focus on screening and risk assessment to determine which offenders benefit most from these programs (Hartford, Carey, & Mendonca, 2006; Case et al., 2009). To this end, research should continue to focus on evaluating those diversion programs aimed at high risk groups—such as those with co-occurring disorders—to determine effectiveness (Broner & Lattimore, 2004; Steadman & Naples, 2005). In doing so we may be better equipped to judge who benefits most from diversion programs, when it is most therapeutic for participants to graduate, and where MHCs' limited resources are best used.

References

- Abram, K. M., Teplin, L. A., & McClelland, G. M. (2003). Comorbidity of severe psychiatric disorders and substance use disorders among women in jail. *American Journal of Psychiatry*, 160(5), 1007-1010.
- Almquist, L., & Dodd, E. (2009). Mental health courts: A guide to research-informed policy and practice. New York: Council of State Governments Justice Center.
- Bazon Center for Mental Health Law. (2003). Criminalization of people with mental illnesses: The role of mental courts in system reform *Jail Suicide/Mental Health Update* (Vol. 12, pp. 1-11).
- Boothroyd, R. A., Poythress, N. G., McGaha, A., & Petrila, J. (2003). The Broward Mental Health Court: process, outcomes, and service utilization. *International Journal of Law and Psychiatry*, 26(1), 55-71. doi: Pii S0160-2527(02)00203-0
- Broner, N., Lattimore, P. K., Cowell, A. J., & Schlenger, W. E. (2004). Effects of diversion on adults with co-occurring mental illness and substance use: Outcomes from a national multi-site study. *Behavioral Sciences & the Law*, 22(4), 519-541. DOI: 10.1002/Bsl.605
- Brunette, M. F., Drake, R. E., Woods, M., & Hartnett, T. (2001). A comparison of long-term and short-term residential treatment programs for dual diagnosis patients. *Psychiatric Services*, 52(4), 526-528. DOI: 10.1176/appi.ps.52.4.526
- Burns, P. J., Hiday, V. A., & Ray, B. (2013). Effectiveness 2 Years Postexit of a Recently Established Mental Health Court. *American Behavioral Scientist*, 57(2), 189-208.

- Case, B., Steadman, H. J., Dupuis, S. A., & Morris, L. S. (2009). Who Succeeds in Jail Diversion Programs for Persons with Mental Illness? A Multi-Site Study. *Behavioral Sciences & the Law*, 27(5), 661-674. DOI: 10.1002/Bsl.883
- Christy, A., Poythress, N. G., Boothroyd, R. A., Petrila, J., & Mehra, S. (2005). Evaluating the efficiency and community safety goals of the Broward County mental health court. *Behavioral Sciences & the Law*, 23(2), 227-243. DOI: 10.1002/Bsl.647
- Cosden, M., Ellens, J. K., Schnell, J. L., Yamini-Diouf, Y., & Wolfe, M. M. (2003). Evaluation of a mental health treatment court with assertive community treatment. *Behavioral Sciences & the Law*, 21(4), 415-427. DOI: 10.1002/Bsl.542
- Dirks-Linhorst, P. A., Kondrat, D., Linhorst, D. M., & Morani, N. (2013). Factors Associated with Mental Health Court Nonparticipation and Negative Termination. *Justice Quarterly*, 30(4), 681-710. DOI: 10.1080/07418825.2011.615756
- Dirks-Linhorst, P. A., & Linhorst, D. M. (2012). Recidivism Outcomes for Suburban Mental Health Court Defendants. *American Journal of Criminal Justice* 37, 76-91.
- Fisher, W. H., Silver, E., & Wolff, N. (2006). Beyond criminalization: Toward a criminologically informed framework for mental health policy and services research. *Administration and Policy in Mental Health and Mental Health Services Research*, 33(5), 544-557. DOI: 10.1007/s10488-006-0072-0
- Frailing, K. (2010). How mental health courts function: Outcomes and observations. *International Journal of Law and Psychiatry*, 33(4), 207-213. DOI: 10.1016/j.ijlp.2010.06.001

- Freudenberg, N., Daniels J., Crum, M., Perkins, T., & Richie, B.E. (2005). Coming Home From Jail: The Social and Health Consequences of Community Reentry for Women, Male Adolescents, and Their Families and Communities. *American Journal of Public Health*, 95(10), 1725-1736. DOI: 10.2105/AJPH.2004.056325
- Goodale, G., Callahan, L., & Steadman, H. J. (2013). What Can We Say About Mental Health Courts Today? *Psychiatric Services*, 64(4), 298-300. DOI: 10.1176/appi.ps.201200142
- Griffin, P. A., Steadman, H., & Petrila, J. (2002). The use of criminal charges and sanctions in mental health courts. *Psychiatric Services*, 53(10), 1285-1289.
- Hartford, K., Carey, R., & Mendonca, J. (2006). Pre-arrest diversion of people with mental illness: Literature review and international survey. *Behavioral Sciences & the Law*, 24(6), 845-856. DOI: 10.1002/Bsl.738
- Herinckx, H. A., Swart, S. C., Ama, S. M., Dolezal, C. D., & King, S. (2005). Rearrest and linkage to mental health services among clients of the Clark county mental health court program. *Psychiatric Services*, 56(7), 853-857.
- Hiday, V. A., & Ray, B. (2010). Arrests Two Years After Exiting a Well-Established Mental Health Court. *Psychiatric Services*, 61(5), 463-468.
- Hiday, V. A., Wales, H. W., & Ray, B. (2013). Effectiveness of a Short-Term Mental Health Court: Criminal Recidivism One Year Postexit. *Law & Human Behavior*, 37(6), 401-4011.
- Kubiak, S. P., Beeble, M. L., & Bybee, D. (2010). Testing the Validity of the K6 in Detecting Major Depression and Ptsd among Jailed Women. *Criminal Justice and Behavior*, 37(1), 64-80. DOI: 10.1177/0093854809348139

- McNiel, D. E., & Binder, R. L. (2007). Effectiveness of a mental health court in reducing criminal recidivism and violence. *American Journal of Psychiatry*, 164(9), 1395-1403. DOI: 10.1176/appi.apj.2007.06101664
- Moore, M. E., & Hiday, V. A. (2006). Mental health court outcomes: A comparison of re-arrest and re-arrest severity between mental health court and traditional court participants. *Law and Human Behavior*, 30(6), 659-674. DOI: 10.1007/s10979-006-9061-9
- Nagin, D. (2012). Imprisonment and crime control: Building evidence-based policy. In K. Q. R. Rosenfeld, & C. Garcia (Ed.), *Contemporary issues in criminological theory and research: The role of social institutions* (pp. 309-317). Belmont, CA: Wadsworth.
- Petrila, J. (2005). Introduction to this issue: Diversion from the criminal justice system. *Behavioral Sciences & the Law*, 23(2), 161-162. DOI: 10.1002/Bsl.646
- Petrila, J., Poythress, N. G., McGaha, A., & Boothroyd, R. A. (2001). Preliminary observations from an evaluation of the Broward County Mental Health Court. *Court Review*(Winter), 14-22.
- Ray, B., & Dollar, C. B. (2013). Examining Mental Health Court Completion: A Focal Concerns Perspective. *Sociological Quarterly*, 54(4), 647-669.
- Redlich, A. D., Liu, S. Y., Steadman, H. J., Callahan, L., & Robbins, P. C. (2012). Is Diversion Swift? Comparing Mental Health Court and Traditional Criminal Justice Processing. *Criminal Justice and Behavior*, 39(4), 420-433. DOI: 10.1177/0093854811432424

- Redlich, A. D., Steadman, H. J., Callahan, L., Robbins, P. C., Vessilinov, R., & Ozdogru, A. A. (2010). The use of mental health court appearances in supervision. *International Journal of Law and Psychiatry*, 33(4), 272-277. DOI: 10.1016/j.ijlp.2010.06.010
- Redlich, A. D., Steadman, H. J., Monahan, J., Petrila, J., & Griffin, P. A. (2005). The second generation of mental health courts. *Psychology Public Policy and Law*, 11(4), 527-538. DOI: 10.1037/1076-8971.11.4.527
- Redlich, A. D., Steadman, H. J., Monahan, J., Robbins, P. C., & Petrila, J. (2006). Patterns of practice in mental health courts: A national survey. *Law and Human Behavior*, 30(3), 347-362. DOI: 10.1007/s10979-006-9036-x
- Rowe, M., Kloos, B., Chinman, M., Davidson, L., & Boyle Cross, A. (2001). Homelessness, Mental Illness and Citizenship. *Social Policy & Administration*, 35(1), 14-31. DOI: 10.1111/1467-9515.00217
- Sarteschi, C. M., Vaughn, M. G., & Kim, K. (2011). Assessing the effectiveness of mental health courts: A quantitative review. *Journal of Criminal Justice*, 39(1), 12-20. DOI: 10.1016/j.jcrimjus.2010.11.003
- Steadman, H. J., Davidson, S., & Brown, C. (2001). Mental health courts: Their promise and unanswered questions. *Psychiatric Services*, 52(4), 457-458.
- Steadman, H. J., & Naples, M. (2005). Assessing the effectiveness of jail diversion programs for persons with serious mental illness and co-occurring substance use disorders. *Behavioral Sciences & the Law*, 23(2), 163-170. DOI: 10.1002/Bsl.640

- Steadman, H. J., Osher, F. C., Robbins, P. C., Case, B., & Samuels, S. (2009). Prevalence of Serious Mental Illness Among Jail Inmates. *Psychiatric Services*, 60(6), 761-765.
- Steadman, H. J., Redlich, A., Callahan, L., Robbins, P. C., & Vesselinov, R. (2011). Effect of Mental Health Courts on Arrests and Jail Days A Multisite Study. *Archives of General Psychiatry*, 68(2), 167-172. DOI: 10.1001/archgenpsychiatry.2010.134
- Steadman, H. J., Redlich, A. D., Griffin, P., Petrila, J., & Monahan, J. (2005). From referral to disposition: Case processing in seven mental health courts. *Behavioral Sciences & the Law*, 23(2), 215-226. DOI: 10.1002/Bsl.641
- Steadman H. J., Callahan L., Robbins P.C., Vesselinov, R., McGuire, T. G., Morrissey, J. P. (2014). Criminal Justice and Behavioral Health Care Costs of Mental Health Court Participants: A Six-Year Study. *Psychiatric Services* 65(9), 1100-4. DOI: 10.1176/appi.ps.201300375
- Thompson, M. D., Reuland, M., & Souweine, D. (2003). Criminal justice/mental health consensus: Improving responses to people with mental illness. *Crime & Delinquency*, 49(1), 30-51. DOI: 10.1177/0011128702239234
- Trestman, R. L., Ford, J., Zhang, W., & Wiesbrock, V. (2007). Current and lifetime psychiatric illness among inmates not identified as acutely mentally ill at intake in Connecticut's jails. *Journal of the American Academy of Psychiatry and the Law*, 35(4), 490-500.
- Trupin, E., & Richards, H. (2003). Seattle's mental health courts: early indicators of effectiveness. *International Journal of Law and Psychiatry*, 26(1), 33-53.

Weisheit, R. A. & Klofas J. M. (1990). The Impact of Jail: Collateral Costs and Affective Response. *Journal of Offender Counseling Services Rehabilitation*, 14(1), 51-65.

DOI:10.1300/J264v14n01_06

Wolff, N. (2002). Courts as therapeutic agents: Thinking past the novelty of mental health courts. *Journal of the American Academy of Psychiatry and the Law*, 30(3), 431-437.

Wolff, N., Fabrikant, N., & Belenko, S. (2011). Mental Health Courts and Their Selection Processes: Modeling Variation for Consistency. *Law and Human Behavior*, 35(5), 402-412. DOI: 10.1007/s10979-010-9250-4

Tables

Table 1

Sample Characteristics for MHC Noncompleters

<i>Variable</i>	Total Sample (N = 157)	
	Mean (SD)	
Age	34.61	(11.64)
Male (yes = 1)	0.72	(0.45)
Nonwhite (yes = 1)	0.55	(0.50)
Number of Prior Arrests	6.15	(6.19)
Key-Arrest Type		
Person	0.25	(0.44)
Property	0.38	(0.49)
Drug	0.27	(0.45)
Minor	0.1	(0.29)
Felony (yes = 1)	0.11	(0.32)
Traditional Court Disposition		
Dismissed	0.64	(0.48)
Probation	0.21	(0.41)
Incarceration	0.15	(0.36)
Days in Criminal Justice System		
Key-Arrest to MHC	122.96	(110.10)
MHC Entry to Noncompletion	161.85	(140.94)
Noncompletion to Disposition	100.73	(118.48)
Time in Jail (<i>n</i> = 24)	121.33	(94.12)

Table 2

Sample Characteristics by Traditional Court Disposition

<i>Variable</i>	Dismissed (n = 100)	Probation (n = 33)	Incarceraton (n = 24)
	Mean (SD)	Mean (SD)	Mean (SD)
Age	35.38 (11.88)	34.91 (12.79)	31.00 (8.25)
Number of Prior Arrests ^{a*}	5.35 (5.17)	6.55 (6.60)	8.92 (8.60)
Days in MHC	162.15 (147.65)	175.70 (139.03)	141.54 (115.26)
	N (%)	N (%)	N (%)
Sex			
Male	71 (62.8%)	24 (21.2%)	18 (15.9%)
Female	29 (65.9%)	9 (20.5%)	6 (13.6%)
Race			
White	44 (62.0%)	18 (25.4%)	9 (12.7%)
Nonwhite	56 (65.1%)	15 (17.4%)	15 (17.4%)
Key-Arrest Type			
Misdemeanor	87 (62.6%)	32 (23.0%)	20 (14.4%)
Felony	12 (66.7%)	1 (5.6%)	4 (22.2%)
Rearrest During MHC ^{b*}			
Yes	18 (54.5%)	5 (15.2%)	10 (30.3%)
No	82 (66.1%)	28 (22.6%)	14 (11.3%)
Recidivism ^{bc **}			
Yes	39 (39.0%)	19 (57.6%)	19 (79.2%)
No	61 (61.0%)	14 (42.4%)	5 (20.8%)

^a = ANOVA; ^b = χ^2 ; ^c recidivism proportions are by disposition

*p<.05, **p<.001

Table 3

Logistic Regression Predicting Redivism Post Disposition Outcome or Jail Release

	Model 1		Model 2		Model 3	
	<i>B (SE)</i>	Exp <i>b</i> (95% CI)	<i>B (SE)</i>	Exp <i>b</i> (95% CI)	<i>B (SE)</i>	Exp <i>b</i> (95% CI)
Age	-0.05 (0.02) **	0.95 (0.92-0.98)	-0.05 (0.02) **	0.95 (0.92-0.98)	-0.05 (0.02) **	0.95 (0.92-0.99)
Nonwhite (yes = 1)	0.68 (0.36)	1.97 (0.97-4.01)	0.78 (0.38)	2.19 (1.04-4.61)	0.68 (0.37)	1.97 (0.95-4.10)
Male (yes = 1)	0.08 (0.41)	1.09 (0.49-2.41)	0.08 (0.42)	1.09 (0.48-2.47)	0.15 (0.41)	1.16 (0.52-2.61)
Number of Prior Arrests	0.10 (0.03) **	1.10 (1.03-1.18)	0.09 (0.03) **	1.09 (1.02-1.17)	0.09 (0.03) **	1.09 (1.02-1.17)
Felony Key-Arrest (yes = 1)	0.50 (0.57)	1.65 (0.54-5.00)	0.67 (0.58)	1.95 (0.63-6.08)	0.45 (0.58)	1.57 (0.51-4.89)
Rearrest During MHC (yes = 1)	-0.68 (0.48)	0.51 (0.20-1.31)	-0.86 (0.51)	0.42 (0.16-1.15)	-0.99 (0.52)	0.37 (0.13-1.03)
Days in MHC	0.00 (0.00)	1.00 (1.00-1.00)	0.00 (0.00)	1.00 (1.00-1.00)	0.00 (0.00)	1.00 (1.00-1.01)
<i>Traditional Court Disposition</i>						
Dismissed (yes = 1)			-1.16 (0.38) **	0.31 (0.15-0.66)		
Incarceration (yes = 1)					1.52 (0.57) **	4.56 (1.48-14.03)
Nagelkerke R ²	0.19		0.26		0.25	
-2 log likelihood χ^2	193.76***		184.00***		185.72***	

N = 157; *p<.05, **p<.01, ***p<.001